PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10830037

CLAIMS AS FILED - PART I								SMALL E	ENTITY		OTHER THAN		
_	0741 01 4114		(Colum	n 1)	(Column 2)			TYPE				SMALL ENTITY	
TOTAL CLAIMS			48			·		RATE	FEE		RATE	FEE	
F	DR		NUMBER	RFILED	NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	4) m	nus 20=	. 21			X\$ 9=		OR	X\$18=	450	
INI	DEPENDENT C	CLAIMS	3 m	inus 3 =				X43=		OR	X86=		
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* 11	the difference	e in column 1 is	ero, enter	"0" in c	column 2	I	TOTAL		OR	<u> </u>	1220		
	CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	ال	OTHER		
		(Column 1)		(Colum		(Column 3)	mn 3) SMALL E			OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus			=		X43=		OR	X86=		
		ENTATION OF MI	JUTIPLE DEI	PENDENT	CLAIM			+145=		1	+290=		
1 27 37								TOTAL		OR	TOTAL		
						.=	Al	DDIT. FEE		JOR ,	ADDIT. FEE		
		(Column 1) CLAIMS]	(Colum HIGHE		(Column 3)			4001	, r			
AMENDMENT B		REMAINING AFTER AMENDMENT	•	NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= ' .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T	X43=		1 t	X86=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		\vdash	7.10-		OR	7,000		
							L	+145=		OR	+290=	•	
							ΑD	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE		
		(Column 1)		(Column		(Column 3)	٠.	•	•				
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	<u> </u>	X43=		- 1	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	×60≡		
	the estate ==1					_	1 +	145=		OR	+290=		
 If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR .	TOTAL		
****	the *Hishant to	nhar Demissi - i 🥷 -	A P. A 141				AUI	OIT. FEE 🖶		· Al	DDIT. FEE 🛴		